Attorney Docket No. 1033275-00021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Thomas Baumann et al.

Application No.: 09/852,788

Filing Date: May 11, 2001

Title: INSULATION OF STATOR WINDINGS

WITH SHRINK-ON SLEEVES

MAIL STOP AF

Group Art Unit: 1733

Examiner: Jessica Rossi

Confirmation No.: 5192

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclos	sed is a reply for the above-identified patent application.				
\boxtimes	A Petition for Extension of Time is enclosed.				
	Terminal Disclaimer(s) and the \$\sum \$65 \$\sum \$130 fee per Disclaimer due under 37 C.F.R. \§ 1.20(d) are enclosed.				
\boxtimes	Also enclosed is/are: Notice of Appeal				
	Small entity status is hereby claimed.				
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\square\$ \$ 395 \$\square\$ \$ 790 fee due under 37 C.F.R. § 1.17(e).				
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.				
	Applicant(s) previously submitted on for which continued examination is requested.				
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i)				

A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a)

(1809/2809) is also enclosed.

is enclosed.

Amendment/Reply Transmittal Letter Application No. <u>09/852,788</u> Attorney's Docket No. <u>1033275-000214</u> Page 2

	No additional claim fee is required.
\boxtimes	An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS						
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additio	onal Fee
Total Claims	26	25	1	x \$ 50 (1202)	\$	50
Independent Claims	2	3	0	x \$ 200 (1201)		0
☐ If Amendment adds multiple dependent claims, add \$ 360 (1203)						0
Total Claim Amendment Fee						50
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee						0
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						50

	Charge to Deposit Accord	unt No. 02-4800 for the fee due.				
	A check in the amount of	is enclosed for the fee due.				
\boxtimes	Charge \$ 50 to credit card for the fee due.	Form PTO-2038 is attached.				
	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.					

Respectfully submitted,

BUCHANAN INOFRSOLL & ROONEY PC

Date <u>July 6, 2006</u>

By: Scott W. Cummings

Registration No. 41,567

P.O. Box 1404 Alexandria, VA 22313-1404 703.836.6620